

FCC Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Oklahoma

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

432025

Study Area Code(s) (SAC)

Southwest Oklahoma Telephone Co

ETC Name(s)

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

Southwest Oklahoma Telephone Co

Section 1: *All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).*

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JK

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSD) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JK

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial AK

| A | B |
|--|---|
| Number of Subscribers Claimed on May FCC Form(s) 497 | Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers |
| 2 | NA |

| C | D | E = C-D | F | G = (E+F) | H |
|---|---|--------------------------------------|---|---|--|
| Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation | Number of Subscribers Responding to ETC Contact | Number of Non-Responding Subscribers | Number of Subscribers Responding That They Are No Longer Eligible | Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility | Number of Subscribers Who De-Enrolled Prior to Recertification Attempt |
| 4 | 4 | 0 | 0 | 0 | 0 |

| I | J | K | L |
|--|---|--|--|
| Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data | Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible | Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility | Number of Subscribers Who De-Enrolled Prior to Recertification Attempt |
| 0 | 0 | 0 | 0 |

FCC Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial JW

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

| M | N |
|-----------|---------------------------------------|
| Month | Subscribers De-Enrolled for Non-Usage |
| January | NA |
| February | NA |
| March | NA |
| April | NA |
| May | NA |
| June | NA |
| July | NA |
| August | NA |
| September | NA |
| October | NA |
| November | NA |
| December | NA |

Signed,

Joan V Wycoff

Signature of Officer

Administrative Assistant

Title of Officer

Joan V Wycoff

Person Completing this Certification Form

Joan V Wycoff

Printed Name of Officer

1-16-2013

Date

580-649-3345

Contact Phone Number

FCC Form 555
November 2012

Submit to USAC using only ONE method:

Fax to: (202) 776-0080
E-mail to: LiVerifications@usac.org
Mail to: USAC - Low Income Program
2000 L Street, NW, Suite 200
Washington, DC 20036

Filing Instructions: Submit to USAC via one of the methods below.

1. Submit electronically via USAC's E-File portal. Instructions are available at www.usac.org.
2. Fax to (202) 776-0080.
3. Email to LiVerifications@usac.org.
4. Mail to USAC – Low Income Program, 2000 L Street NW, Suite 200, Washington, DC 20036.

Information Fields:

State

Enter the state for which the eligible telecommunications carrier (ETC) is filing this certification. An ETC must provide a certification form for each state in which it provides Lifeline service. Use a separate *Annual Lifeline Eligible Telecommunications Carrier Certification Form* for each state.

Study Area Code(s) SAC

Enter the six-digit study area code (SAC), or codes, for the state for which the certification is filed. An ETC may include multiple SACs on one form only if the ETC has more than one SAC in the state indicated.

ETC Name(s)

Enter the corporate name of the ETC submitting the *Annual Lifeline Eligible Telecommunications Carrier Certification Form*.

Holding Company Name(s)

Enter the corporate name of the holding company of the ETC.